



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E298505**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	14-00056
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	01 - 07 - 2014	TIME (2400)	1245	COUNTY #	31	MILES		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF <input type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION <input checked="" type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>		
LUNDEEN	BLOCK NO. <input checked="" type="checkbox"/>	700
MILE POST <input type="checkbox"/>		
DISTANCE		OF (REFERENCE OR CROSS STREET)
		VERNON RD

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/> PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4253508025
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LAST NAME	INGRAM	FIRST NAME	WILLIAM	MIDDLE INITIAL	W
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STREET NEW ADDRESS	1323 BAKER AVE
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CITY	EVERETT	ST	WA	ZIP	982012491
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	INGRAWW613RQ	STATE	WA	SEX	M	D.O.B.	12 - 18 - 1939
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AJE6036	STATE	WA	VIN#	3FAHP0JA0CR417036
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2012	MAKE	FORD	MODEL	4D	STYLE	4T	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. WILLIAM INGRAM 8713 8TH ST SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERICAN FAMILY 2141-1036-01
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/> PEDAL CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4253346713
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LAST NAME	BOSCH	FIRST NAME	MURNIE	MIDDLE INITIAL	K
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STREET NEW ADDRESS	2930 79TH AVE NE
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CITY	MARYSVILLE	ST	WA	ZIP	98270
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CDL	RESTRICTIONS	B	ENDORSEMENTS
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DRIVER'S LICENSE #	BOSCHMK511L5	STATE	WA	SEX	F	D.O.B.	06 - 25 - 1949
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AFM8358	STATE	WA	VIN#	1G1PG5SC9C7133004
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2012	MAKE	CHEV	MODEL	CRU4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. WILLIAM BOSCH 2930 79TH AVE NE MARYSVILLE WA 98270

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATEFARM 239 2391 B27-47N
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	CHAD CHRISTENSEN	BADGE OR ID #	075	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E298505

CASE #

14-00056

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Unit 2 had come to a stop on Lundeen Parkway at Vernon Rd. for a vehicle in front of her that was also stopped to turn left on Vernon Rd. Unit 1 did not see Unit 2 had stopped and rear-ended Unit 2.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

01-07-14 02:52 PM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

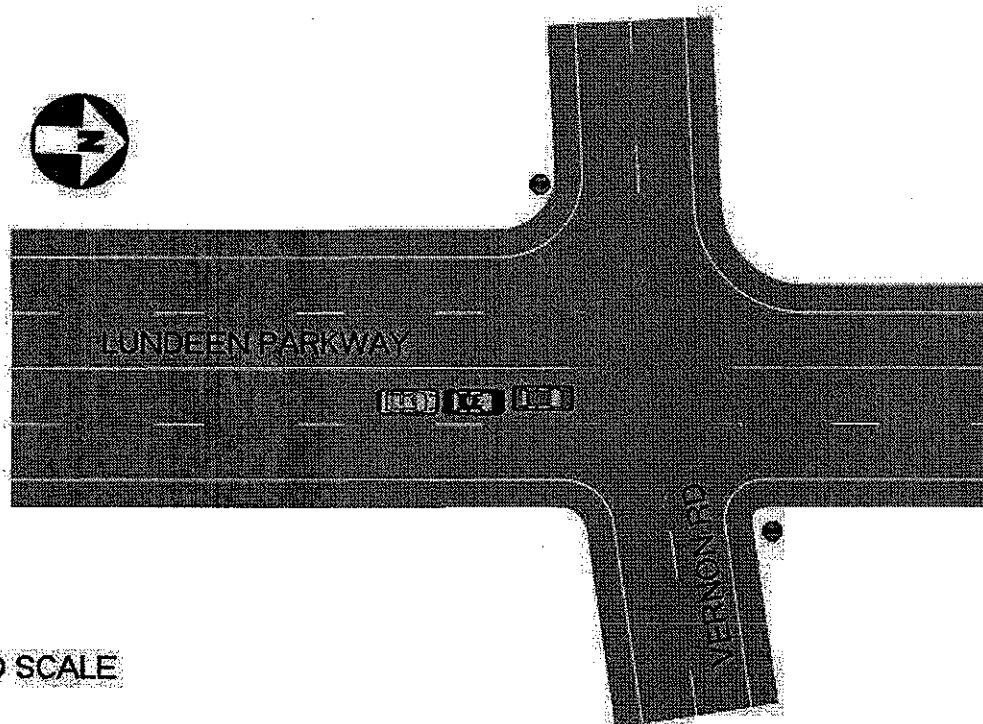
1/7/2014 10:58:59 PM

BADGE OR ID # 075

ORI # WA0311900

TIME POLICE DISPATCHED 12:46 PM

TIME POLICE ARRIVED 12:51 PM



DRAWING IS NOT TO SCALE

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER 14-00056

VICTIM / WITNESS

NON-DISC	NAME (LAST, FIRST MIDDLE) BOSCH MURIE KATHRYN	RACE W	ETH	SEX F	DOB 2-16-49	AGE 64	NOT A VICTIM	NOT A WITNESS
STREET ADDRESS 2930 79th Ave N.E		CITY MARYSVILLE		STATE WA		ZIP 98270		STATUS
HOME PHONE 425-334-6718		CELL PHONE 425-870-2649		PLACE OF EMPLOYMENT RETIRED				
WORK PHONE		EMAIL ADDRESS						

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Going through GREEN light heading north through intersection of Lundeen Pkwy & 204. Stopped once through GREEN light I stopped for a car that was turning left onto Vernon Road. Once stopped I got rear ended.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

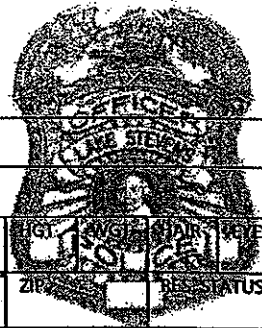
SIGNATURE: MURIE K. BOSCH	DATE SIGNED 01-09-14	LOCATION SIGNED LK STEVENS
OFFICER/NUMBER: C. CHAMBERLAIN #75	DATE SIGNED 01-07-14	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1
ORIGINAL

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER 14-00056

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) INGRAM, William W	RACE W	ETH	SEX M	DOB 12/18/39	AGE 74	HT	WG	HAIR	EYES
STREET ADDRESS 8713 8TH ST SE		CITY LAKE STEVENS		STATE WA		ZIP		STATUS		
HOME PHONE		CELL PHONE 425 350-8025		PLACE OF EMPLOYMENT RET						
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

CAR STOPPED ABRUPTLY IN FRONT OF ME,
I WAS UNABLE TO STOP IN TIME.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 1/7/13	LOCATION SIGNED LV STEVENS
OFFICER/NUMBER: C. Chmura #75	DATE SIGNED 1/7/14	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

Incident History for: #SS14000470

Case Numbers: \$SS14000056

Received 01/07/14 12:45:15 BY SPCT01 SP0323
Entered 01/07/14 12:45:53 BY SPCT01 SP0323
Dispatched 01/07/14 12:46:07 BY SPDP17 SP0203
Enroute 01/07/14 12:46:07
Onscene 01/07/14 12:51:32
Closed 01/07/14 13:06:03

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377D-7 Group: SS1 Beat: WEST

Src: 9

Loc: LUNDEEN PARK WY/SR 204 ,LKS (V)

Latitude: (+) 48.000995 Longitude: (-) 122.113380

Loc Info:

Name: BOSCH, MURNIE

Addr:

Phone: 4258702649

/1245 (SP0323) ENTRY , CC, REAR END ACC, NON INJ, BLK 2011 CHEVY CRUZ
VS BLU FORD FUSION
/1246 (SP0203) DISPER SS1931 #SS75 CHRISTENSEN, OFCR (CHAD)
/1246 (SP0323) SUPP TXT: ON LUNDEEN
/1246 (SP0203) ASSTER SS1937 [LUNDEEN PARK WY/SR 204 ,LKS]
#SS112 WARBIS, OFFICER (STEVE)
/1251 ONSCNE SS1931
/1253 ASNCAS SS1931 \$SS14000056
/1253 CLEAR SS1937
/1306 CLEAR SS1931 D/H
/1306 CLOSE SS1931

LSPD
ORIGINAL